

10-12-01

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EXPRESS MAIL CERTIFICATE

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I hereby certify that, on the date indicated above, this paper or fee was deposited with the U.S. Postal Service & that it was addressed for delivery to the Assistant Commissioner for Patents, Washington, DC 20231 by "Express Mail Post Office to Addressee" service.

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PATENT TRADEMARK OFFICE

Docket No: 2640/1G820-US1

**DARBY & DARBY P.C.**

805 Third Avenue  
New York, New York 10022  
212-527-7700

Box PATENT APPLICATION

Assistant Commissioner for Patents  
Washington, DC 20231

Sir:

Enclosed please find an application for United States patent as identified below:

Inventor/s (name ALL inventors): Eitan T. WIENER, Robert P. GILL,  
William T. DONOFRIO, and  
Richard F. SCHWEMBERGER

Title: APPARATUS AND METHOD FOR ALERTING GENERATOR FUNCTIONS IN  
AN ULTRASONIC SURGICAL SYSTEM

including the items indicated:

1. Specification and 46 claims: 8 indep.; 38 dep.; \_ multiple dep.;  
including 42 page(s) of written description; 13 page(s) of claims;  
1 page(s) of abstract.
2. [X] Drawings, 21 sheets (Figs. 1-15)
3. [X] Executed Declaration/Power of Attorney



09/25/07 10:10:01

☐ Unexecuted Declaration/Power of Attorney

4. ☒ Assignment for recording to: Ethicon Endo-Surgery, Inc.

☐ Assignment was recorded at Reel No. , Frame No. , on .

☐ Pursuant to 37 C.F.R. §1.215(b), please print the following assignment information on the face of the published application:

Assignee:

5. ☐ Priority is claimed under 35 U.S.C. §119(e) of:

Number: 60/241,886  
Date: October 20, 2000

6. ☐ Request and Certification under 35 U.S.C. §122(b)(2)(B)(i) for Nonpublication.

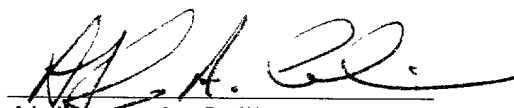
7. ☒ Payment in amount of \$1668.00, (\$1628 filing; \$40 recording)  
in the form of  
☒ check  
☐ deposit account no. 04-0100  
☐ credit card (see attached form)  
(See attached **Fee Computation Sheet**)

8. ☐ Preliminary Amendment

9. ☒ Information Disclosure Statement

Date: October 10, 2001

Respectfully submitted,



Alphonso A. Collins  
Reg. No. 43,559  
Attorney for Applicant(s)

PATENT FEE COMPUTATION SHEET

	No. of Claims Presented	Extra Claims Previously Paid For	Number of Extra Claims	Rate
Basic Fee . . . . .				\$740.00
Total Claims	46 - 20	- 0 = 26	x \$18.00	\$468.00
Independent Claims	8 - 3	- 0 = 5	x \$84.00	\$420.00
Multiple Dependent Claims		- if so, add	\$280.00	\$0.00
Surcharge for late submission of filing fee and/or declaration (\$130.00) . . . . .				\$0.00
SUBTOTAL . . . . .				\$1628.00
Small Entity REDUCTION (Half of Subtotal) . . . . .				\$0.00
Fee for recordation of assignment (\$40.00) . . . . .				\$40.00
Charge for filing non-English language application (\$130.00) . . . . .				\$0.00
TOTAL . . . . .				\$1668.00